

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023197

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

439

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 1 1963

1. PLACE OF DEATH

a. COUNTY BOONE

b. CITY (If outside corporate limits, give TOWNSHIP only)

COLUMBIA

Length of stay in 1b

4 hours

c. FULL NAME OF (If NOT in hospital, give location)

U.S. Mo. MEDICAL CENTER

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY RAY

c. CITY

OR TOWN

LAUSON

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Box 65

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

(Type or print) REUBEN

CURTIS

HOLMAN

4. DATE OF DEATH

Month

Day

Year

JUNE 25 - 1963

5. SEX

MALE

6. COLOR OR RACE

WH

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

AUG. 11, 1889

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LUMBERMAN

10b. KIND OF BUSINESS OR INDUSTRY

LUMBERMAN

11. BIRTHPLACE (City and state or country)

HOLMAN, ALABAMA

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JOHN D. HOLMAN

13b. MOTHER'S MAIDEN NAME

MARTHA MILLS

14. NAME OF HUSBAND OR WIFE

MRS. VERA HOLMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

HOSPITAL RECORDS, Columbia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I: DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

20 min

DUE TO (b)

Intestinal Obstruction

24 hr

DUE TO (c)

Ulcer of Sigmoid Colon

24 hr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-25-63 to 6-25-63 and last saw her alive on 6-25-63

Death occurred at 7:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edmund P. Palmer, M.D.

22b. ADDRESS

Lawson, Columbia, Mo.

22c. DATE SIGNED

6-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

6-26-1963

23c. NAME OF CEMETERY OR CREMATORY

Corinth Cem. Rto

23d. LOCATION (City, town, or county)

LAUSON, MO

24. FUNERAL DIRECTOR

JARMAN FUNERAL HOME

ADDRESS

LAUSON, MO

25. DATE RECD. BY LOCAL REG.

June 26 1963

26. REGISTRAR'S SIGNATURE

Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

VS 300

Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. W. Phillips
Licensed Embalmer No. 4897
P. O. Address Columbus, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

For the State of Missouri, I do hereby certify that the above is a true and correct copy of the original as it appears in the records of the State Board of Health.